

PART A – COVER PAGE

STATE WATER RESOURCES CONTROL BOARD
SFY 2002 Costa-Machado Water Act of 2000
CALFED Watershed Program

Application No. 609

PROJECT
TITLE: Upper Mokelumne River Watershed Assessment

Project Region 5 Indicate RWQCB #: 5

Multi-regional
Project Indicate RWQCB #s:

Statewide Project

PROJECT DIRECTOR (Ms., Mr., Dr.): Mr. Rob Alcott June 7, 2002
PRINT DATE

LEAD APPLICANT OR ORGANIZATION: Upper Mokelumne River Watershed Authority

TYPE OF AGENCY:

Municipality	<u> </u>	Local Agency	<u> </u>	*Nonprofit (non-landowner)	<u> </u>
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Nonprofit (landowner)	<u> </u>	Local Public Agency	<u>x</u>
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STREET ADDRESS: 1804 W. Main Street

CITY: Stockton Zip Code: 95203

P.O. BOX: P.O. Box 228 Zip Code: 95201

COUNTY San Joaquin
STATE: California

PHONE NO.: (209) 946-8080 FAX NO.: (209) 463-9751

E-MAIL ADDRESS: ralcott@ebmud.com FEDERAL TAX ID. NO.: 04-3594428

PROJECT TYPE: Watershed assessment, data collection, monitoring program, community involvement/stakeholder participation

LEGISLATIVE INFORMATION
Senate District 1 Assembly District 4, 10, and 25
United States Congressional District 3

CALFED, RWQCB, or SWRCB STAFF CONTACTED REGARDING THIS PROPOSAL:

Contact:	<u>Jeanne Chilcott</u>	Contact:	<u></u>
Phone No.:	<u>(916) 255-3088</u>	Phone No.:	<u></u>
Dates contacted:	<u>May 30, 2002</u>	Dates contacted:	<u></u>

PRIMARY COOPERATING ENTITIES:

Entity Name:	<u>East Bay M.U.D.</u>	
Role/Contribution to Project:	<u>Water Quality Engineer</u>	
Contact Person:	<u>Jerry Ongerth</u>	Phone No.: <u>510-287-0964</u>
E-mail address:	<u>jongerth@ebmud.com</u>	

Entity Name:	<u>Calaveras County W.D.</u>	
Role/Contribution to Project:	<u>County Coord./Water Quality</u>	
Contact Person:	<u>Jim Cornelius</u>	Phone No.: <u>209-754-3543</u>
E-mail address:	<u>kristinc@ccwd.org</u>	

WATERBODY/WATERSHED

(Include Catalog Number in Section 18 of the ARD): Upper Mokelumne River; Catalog No. 18040012

GPS COORDINATES FOR PROJECT LOCATION, IF AVAILABLE:

Watershed is too large to readily identify via GPS coordinates

FISCAL SUMMARY:

Proposition 13 Funds Requested	<u>\$ 200,000</u>
Other Project Funds	<u>\$ 200,000</u>
Total Project Budget	<u>\$ 400,000</u>

CERTIFICATION

Please read before signing.

I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge and that I am entitled to submit the application on behalf of the applicant (if the applicant is an entity/organization). I further understand that any false, incomplete, or incorrect statements may result in the disqualification of this application. By signing this application, I waive any and all rights to privacy and confidentiality of the proposal on behalf of the applicant, to the extent provided in this RFP.

	June 7, 2002
_____ Applicant Signature	_____ Date

Printed Name of Applicant